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29 April 1971

MEMORANDUM FOR: Director of Medical Services

THROUGH : Deputy Director/Medical Services

FROM : Medical Systems Development Officer

REFERENCE : A -- 16 Dec 70 Medsign Design Requirements
Statement from D/SIPS Task Force

B -- 4 Jan 71 Memo for D/MS Concerning
Recommendations and Comments on
Medsign from AD/CA, now DD/MS

C -- Charts Used for 22 and 24 March 71
Medsign Briefing for D/MS and DD/MS

I. In light of the Director of Medical Services recommendation that the MSDO contact [REDACTED] concerning the possibility of developing a Medsign proposal with which OMS could concur rather than non-concur with Reference A, the undersigned met with [REDACTED] on 24 February 1971 and 17, 18 March 1971. Following these meetings the MSDO briefed the Deputy Director/Medical Services and the Director of Medical Services on 22 and 24 March 1971 on five alternate Medsign designs (Reference C) by which OMS could relate to the Support Directorate Information Processing System being developed by the SIPS Task Force. Alternative number 1, as outlined on the MSDO Medsign briefing charts, was selected as the most satisfactory design from the OMS point of view.

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II. The undersigned subsequently met with [REDACTED] on 26 and 30 March, and then with Messrs. [REDACTED] on 13 April, to confirm that our understanding of alternative number 1 was correct. The latter group confirmed our understanding was correct, with the following clarifications:

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SUBJECT: Medsign Design

29 April 1971

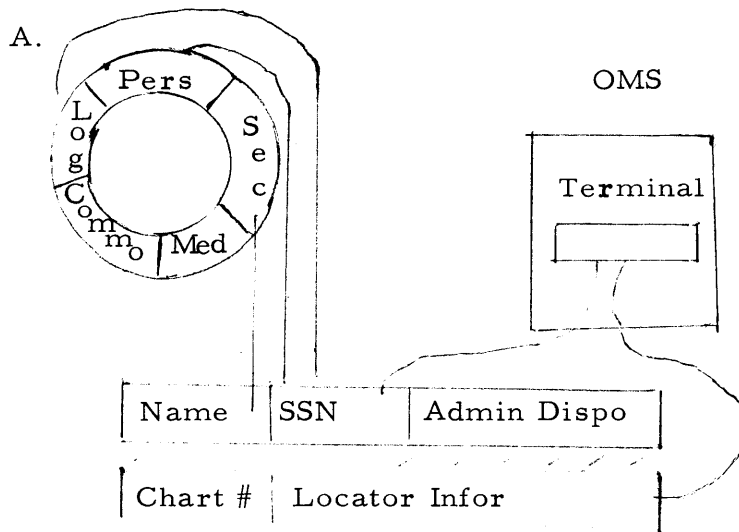
- A. Information on Annual and Sick Leave initially would come from [REDACTED] in Payroll, but that possibly at some future date this information may be part of the SIPS-IPS.
- B. Individual employees assignment history and the individual employees letter grade on fitness reports would have limited access as directed by the O/Pers. Thus, if OMS is interested in having access to these items through our own IPS terminal, we should surface these requests with the O/Pers at this time so such capability could be built into the SIPS-IPS.

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III. From the 13 April 1971 meeting with Messrs. [REDACTED], it was suggested that we respond to Reference A stating the constraints or requirements that we feel are necessary for the proposal to be acceptable to OMS. Hence, I am recommending we concur with the design outlined in Reference A, with the realization further refinements will be made in the design and the stipulation the following requirements/constraints are necessary for OMS to concur in the design plan:

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SUBJECT: Medsign Design

29 April 1971

First, it is our understanding that items, like Chart # and Locator Information, upon which OMS will restrict access solely to OMS personnel, will only be obtainable through the use of the appropriate terminal located in OMS. Additionally, it is our understanding that further restriction will be built in by the necessity for the User of the OMS terminal to know the correct Passwords, as depicted by the crosshatching, to obtain any information from the system. It is absolutely mandatory that the Medsign program be designed in accordance with our understanding as outlined above.

- B. We require the Passwords for Medsign be controlled by an individual or group within Computer Services that is separate from the group who knows the file structure of Medsign.
- C. OMS feels it is essential to have peripheral hardware in OMS to create hard copy from Medsign. We feel this way because we do not want hard copy of sensitive medical information available for potential or real observation or inspection outside of a controlled OMS environment. Without such hardware in OMS, the potential for violating medical confidentiality clearly exists.
- D. In terms of conversion it appears at this time we could provide data concerning administrative dispositions on those individuals OMS has been requested to evaluate as far back as 18 months at one time, while the locator information would have to be handled as an active ongoing process as outlined in option number 1.
- E. In terms of hardware requirements, as described on page 23, we object to concurring in a unilateral decision by HRS/SIPS on input mode. While we realize there will be some constraints on hardware, we request being consulted from a User's point of view and being afforded the opportunity of selecting a unit or method of hardware/software whenever there is a choice, so as to insure the greatest possibility of User utilization and satisfaction. It is our recommendation that appropriate peripheral equipment be provided for both the Ames Building and Headquarters.

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SUBJECT: Medsign Design

29 April 1971

F. The inclusion of immunization information in the Medsign proposal at this time is, in our view, premature and requires further study. It is recommended that the Registrar, personnel from Immunization Branch, [REDACTED] M. D., M. P. H., and appropriate personnel selected from the SIPS Task Force evaluate the possibilities of including immunization information in Medsign.

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Medical Systems Development Officer
Office of Medical Services

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